



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**D2939-1**

**Job Sheet 175588**



**Part No:** D2939-1

**Job Qty:** 4 ea

**Part Name:** Saddle LH In, 206



**Part Weight:** 0 lbs

**Status:** Scheduled

**Priority:** Medium

**Job Created:** 4/6/18

**Job Tracking No:**

**Due Date:** 4/12/18

**Created By:** Linda Lacelle

**Type:** Stock

**Description:**

**Note:** DWG REV C IPP: B 00.06.26 New DWG rev (mpp 2069) EC IPP Rev:C As per Rev C 07-03-19 JLM

**Ship Via:**

### Bill of Materials

### Job Routing

| Op No                                                                  | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off           |
|------------------------------------------------------------------------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|--------------------|
|                                                                        |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |                    |
| 90                                                                     | Start up Operation | 4 Ea  |            | 4/11/18  | 0.00      | 0.00    | Start Up Machining-1  |           |                    |
| 150                                                                    | Powdercoat         | 4 pcs |            | 4/12/18  | 0.00      | 0.14    | Powdercoat1           |           |                    |
| 160                                                                    | QC                 | 4 pcs |            | 4/12/18  | 0.00      | 0.00    | QC3                   |           |                    |
| 170                                                                    | Packaging          | 4 pcs |            | 4/12/18  | 0.00      | 0.00    | Packaging3-1          |           |                    |
| 180                                                                    | QC21-SA            | 4 Ea  |            | 4/12/18  | 0.00      | 0.00    | QC21                  |           |                    |
| Part Op 150 - START TIME: 1:25 OVEN TEMP: 300° FINISH: 1:55 PM 138760. |                    |       |            |          |           |         |                       |           |                    |
| Descriptions:                                                          |                    |       |            |          |           |         |                       |           |                    |
|                                                                        |                    |       |            |          |           |         |                       |           | DAS 21 APR 12 2018 |

### Job BOM

| Part / Item | Component Name    | Quantity    | Operation             | Container |
|-------------|-------------------|-------------|-----------------------|-----------|
| D2939-1UP   | Saddle LH In, 206 | 4 Ea (1 ea) | 90-Start up Operation | 5043198 ✓ |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | D2939-1UP      | 4        | 4         | 0         |

### Part Specifications

Specifications could not be found.

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br><br>Suspected <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div style="width:45%;">           Skid-tube <input type="checkbox"/><br/><br/>           Rec/Store/Packaging Supplier <input type="checkbox"/> </div> <div style="width:45%;">           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Engineering Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                          |            |  |  |  |             |                          |                |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
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| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                             | MRB (Q51042) Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |            |  |  |  |             |                          |                |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| Description Work Order Deviation<br><br><div style="position: absolute; top: 100px; left: 100px; transform: rotate(-45deg); opacity: 0.5;">           DART AEROSPACE<br/>           Container No: S059230<br/>           Part: D2939-1<br/>           Job No: 175588<br/>           Serial No/ Batch: S059230<br/>           Revision: _____<br/>           Inspector: _____<br/>           Date: 04/09/18         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                             | Completed By _____<br><br>Lead hand / Supervisor Approval Verification _____<br><br>QC / QA Coordinator Approval _____                                                                                                                                                                                                                                                                                                                                                                                               |                          |            |  |  |  |             |                          |                |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: left;">Root Cause</th> </tr> </thead> <tbody> <tr> <td style="width:15%;">Environment</td> <td style="width:15%;"><input type="checkbox"/></td> <td style="width:15%;">No Re-verfical</td> <td style="width:15%;"><input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td><input type="checkbox"/></td> <td>Operator</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Doc/Data</td> <td><input type="checkbox"/></td> <td>Offset/Setup</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Equip/Tooling</td> <td><input type="checkbox"/></td> <td>Supplier</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Handling/Pre</td> <td><input type="checkbox"/></td> <td>Training</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Material</td> <td><input type="checkbox"/></td> <td>Use for Testing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Internal Transport</td> <td><input type="checkbox"/></td> <td>Poor Information</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Tribal Knowledge</td> <td><input type="checkbox"/></td> <td>Rushing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>LOA</td> <td><input type="checkbox"/></td> <td>Product Improvement</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Substation</td> <td><input type="checkbox"/></td> <td>Process Improvement</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Past Expiry Date</td> <td><input type="checkbox"/></td> <td>Manufacturing Process</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Misidentified</td> <td><input type="checkbox"/></td> <td>Past Due</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4" style="text-align: left;">OTHER : _____</td> </tr> </tbody> </table> |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | Root Cause |  |  |  | Environment | <input type="checkbox"/> | No Re-verfical | <input type="checkbox"/> | Design | <input type="checkbox"/> | Operator | <input type="checkbox"/> | Doc/Data | <input type="checkbox"/> | Offset/Setup | <input type="checkbox"/> | Equip/Tooling | <input type="checkbox"/> | Supplier | <input type="checkbox"/> | Handling/Pre | <input type="checkbox"/> | Training | <input type="checkbox"/> | Material | <input type="checkbox"/> | Use for Testing | <input type="checkbox"/> | Internal Transport | <input type="checkbox"/> | Poor Information | <input type="checkbox"/> | Tribal Knowledge | <input type="checkbox"/> | Rushing | <input type="checkbox"/> | LOA | <input type="checkbox"/> | Product Improvement | <input type="checkbox"/> | Substation | <input type="checkbox"/> | Process Improvement | <input type="checkbox"/> | Past Expiry Date | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | Misidentified | <input type="checkbox"/> | Past Due | <input type="checkbox"/> | OTHER : _____ |  |  |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |            |  |  |  |             |                          |                |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| Environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                    | No Re-verfical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> |            |  |  |  |             |                          |                |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                    | Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> |            |  |  |  |             |                          |                |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| Doc/Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                    | Offset/Setup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> |            |  |  |  |             |                          |                |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| Equip/Tooling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                    | Supplier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> |            |  |  |  |             |                          |                |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| Handling/Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                                                    | Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> |            |  |  |  |             |                          |                |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                    | Use for Testing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> |            |  |  |  |             |                          |                |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| Internal Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                    | Poor Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> |            |  |  |  |             |                          |                |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| Tribal Knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                    | Rushing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> |            |  |  |  |             |                          |                |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| LOA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                    | Product Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> |            |  |  |  |             |                          |                |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| Substation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                    | Process Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> |            |  |  |  |             |                          |                |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| Past Expiry Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                    | Manufacturing Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> |            |  |  |  |             |                          |                |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| Misidentified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                    | Past Due                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> |            |  |  |  |             |                          |                |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |            |  |  |  |             |                          |                |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |